

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 21 2011

Secretary of State
Capitol Office
DATE STAMP

Name of Candidate Dannie ReedAddress 401 College St. Ackerman, MSTelephone 662-285-7747 Fax 39735Contact Name Dannie Reed Email electdanni@reed.comOffice Sought Commissioner of Agriculture Political Party Republican

Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

4483.92

Calendar
Year-To-Date

	Itemized + Non-itemized =	This Period	
Total amount of contributions	\$ +\$	\$ 1300.00	\$ 1300.00
Total amount of disbursements	\$ 1001.92 + \$ 399	\$ 1400.92	\$ 1400.92
Total amount of cash on hand		\$ 4082.72	- 100.92

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Dannie ReedDate Jan 21, 11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-876-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Com to Elect

Name of Candidate or Committee

Dannie Reed

Page _____ of _____

Reporting period

1-1-10

through

12-31-10

ITEMIZED DISBURSEMENTS

A. Full name	Steve Palazzo	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	13155 Hwy 67, B	6/29/10	\$ 200
City, State, Zip Code	Biloxi 39532	1-1-	\$
Purpose of Disbursement (Optional)	campaign Contr.	Aggregate Year-to-date	\$ 200
B. Full name	John Hughes	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		9/10/10	\$ 300
City, State, Zip Code	Starkeville Ms.	1-1-	\$
Purpose of Disbursement (Optional)	political services	Aggregate Year-to-date	\$ 300
C. Full name	Andy Chapman	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		8/10/10	\$ 325 ⁰⁰
City, State, Zip Code		1-1-	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 325 ⁰⁰
D. Full name	UPS Store	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		6/26/10	\$ 176 ⁹²
City, State, Zip Code	Starkeville, Ms	1-1-	\$
Purpose of Disbursement (Optional)	copying cost	Aggregate Year-to-date	\$ 176 ⁹²
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1-1-	\$
City, State, Zip Code		1-1-	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1-1-	\$
City, State, Zip Code		1-1-	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$